New Hampshire Lottery Commission Racing & Chartable Gaming Division

14 Integra Drive, Concord, NH 03301 Telephone (603) 271-3391 Fax (603) 271-1160 http://www.racing.nh.gov



Supplemental Application Form F

1. TYPE OF APPLICATION				
☐ Horse Racing Totalisator Company				
2. CONTACT INFORMATION				
Full Name of applicant (as it appears on your occupational license application):				
Name	Phone Number	E-mail Address		
Street Address	City/Town	State	Zip	
3. RECOMMENDATION FOR LICENSURE				
The following must be completed by the person, or recommending the applicant for occupational lice		ed under RS	A 284:15	
Name	Phone Number	E-ma	il Address	
Street Address	City/Town	State	Zip	
I hereby recommend the applicant for licensure				
Signature of the person or duly authorized represent	tative listed above	Date		
4 0110	ALIFICATIONS			
4. QUA	ALIFICATIONS			
Does the applicant possess a written, executed c a, to act as a totalizator company at the licensee's		A 264:15-	☐ Yes ☐ No	
Name of each racing premises at which the	e applicant will act as a Totalisato	or Company		
Is the applicant registered with the Secretary of State to do business in New Hampshire?				
If yes, provide registration number:	•		☐ Yes ☐ No	
Is the applicant in compliance with the ARCI's technical standards set forth in "Pari-mutuel Wagering Totalisator Requirements and Operating Environment" (July 2012)?			☐ Yes ☐ No	

1 3/2018

Instructions for Totalisator Company Supplemental Application

5. ATTESTATION

I, as the duly authorize representative of the totalizator company, do hereby agrees that upon licensure the totalisator company shall, within 48 hours of a request, provide the Commission with a record of any transaction or transactions specified by the Commission which relate to races that take place in New Hampshire or which are simulcast into or out of New Hampshire under RSA 284:22 or RSA 284:22-a, or which relate to or affect pari-mutuel pools, wagering or races under the jurisdiction of the Commission.

I further agree to utilize equipment which is capable of providing a written printout of all transactions relative to pari-mutuel wagering on horse races that take place at the racing premises.

In addition, I certify, under penalty of unsworn falsification pursuant to RSA 641:3, that the information provided on this application, including supplemental forms and any supporting materials, is true, accurate and complete and that there are no willful misrepresentations in or falsifications of the information provided herein.

Duly Authorized Representative's Signature and Title	Date of Signature

INSTRUCTIONS

A. SUPPORTING MATERIALS		
The following supporting materials must be submitted with your application:		
A copy of each written, executed contract between the applicant and a licensee under RSA 284 to act as a totalizator company at the licensee's racing premises.		
B. PAYMENT OF LICENSING FEE		
Include payment of the \$250 (\$125 for Agricultural Fairs) licensing fee with the application		
C. SUBMITTING THE APPLICATION		
Submit the completed application, including all required documents and the licensing fee to:		
NH Lottery Commission, Racing and Charitable Gaming Division, 14 Integra Drive, Concord, NH 03301		
Applications must be received at least 120 days prior to engaging in any activities for which the license is required		
D. KEEP ALL INFORMATION UP-TO-DATE		

If at any time during the term of a license, the information provided by a licensee on the application, supplemental application, or supporting materials becomes inaccurate, the licensee must, immediately upon the information becoming inaccurate, submit a written correction to the racing secretary and the judge appointed by the Commission, at the racing premises at which the application being corrected was filed.

E. WHERE TO CALL WITH QUESTIONS

Questions? Call the Racing and Charitable Gaming Division at 603-271-3391. Ask for Licensing.

2 3/2018